CID Insurance Programs Inc. DBA CID Insurance Services

Community Association No-Payroll Workers' Compensation - California **New Business Self Quote & Request to Bind**



Sponsored Insurance Administered by		
CI	D	
INSURA	ANCE	
PROGR	RAMS	
CID Incomes D	l	

Name of Association:			
Mgmt Co.:			
Billing Address of Mgmt Co.:		····	
City:	State:	Zip:	INSURANCE PROGRAMS
Contact Name:	Phone () _	Email:	CID Insurance Programs, Inc. License #0C41342
FEIN#:	Year Built:	# of Units	
Physical Address of Association: _ Does Association have Employees	? □Y es □No # of Emp	ployees Estimated Payr	 oll
Currently carrying Workers' Comp of	overage?		□ Yes □ No
If yes, provide name of curr	ent Carrier and expiration	on date:	
ls current policy a □ payroll	or □ no-payroll policy?		
Have there been any claims in the last four (4) years? (Please provide currently dated loss history)			s history) \square Yes \square No
Is the Association under contract with a Management Firm utilizing a Certified Manager?		□ Yes □ No	
Does the Association maintain evide	ence of Workers' Compe	ensation for all contracted vend	lors? ☐ Yes ☐ No
Proposed Coverage Limits: ÁŒ Vi •			•oÁŒ"Áæe^åÁQ•*¦æ}&^ÁCo.
\$1,000,000 Each Accident (##\ \$1,000,000 Disease - Policy Limit		Member coverage automatic	icers, and Appointed Committee cally included by endorsement

|\$1,000,000 Disease - Each Employee

All other volunteers are excluded

Select Type of Association

Class	Description	Payroll Amt	Premium
9066	Residential Association	\$0	\$350 MP
		Assessments	\$20
		Annual Cost	\$370

Class	Description	Payroll Amt	Premium
9009	Commercial Association	\$0	\$500 MP
		Assessments	\$30
		Annual Cost	\$530

Billing Terms: The policy will be set up for direct bill and will be invoiced by AmTrust North America. Due to the minimum premium on this account, no payment plan options are available; premium must be paid in full. Payment is due upon receipt of invoice from AmTrust North America.

Please bind Association No-payroll Workers' Compensation coverage as proposed effective:					
					
Signature:	Date:				
Name:	Title:				
*Signature of a member of the Board of Directors or authorized representative of the Association. Insurance Agent is not an Authorized Signer.					

IMPORTANT: INSURANCE COVERAGE IS NOT BOUND. The above insurance quote is for information only and does not bind coverage. This quote is being offered on the basis shown and may not necessarily provide the terms and/or coverage requested. If you elect to bind insurance coverage, please complete this form and return to CID Insurance Programs. Coverage cannot be backdated without prior authorization.

Limits and coverage that have been selected are per the instructions of the insured. This is merely a quote and is not a Policy of Insurance. Rates reflect the rates in effect as of 1/1/2023 and are subject to change. The company reserves the right to accept, reject, or modify this insurance offer after investigation, review of the application, and review of all other underwriting information.